



Address Request Form - City of Santa Fe

PO Box 909, 200 Lincoln Ave Santa Fe, NM 87504-0909

Applicant Name: _____ Request Date: _____

Telephone No.: _____ cell: _____ Property Owner's Name: _____

Fax No: _____ or Email: _____ Subdivision Name: _____

*2 Copies Plat Attached: ☐ Yes ☐ No, may delay processing Plat Recording Bk & Pg No: _____ Subdivision Phase: _____

SIGN _____ *Address posted on the entrance of the property Please notify U.S Postal Service, utility companies etc

Current Address, if any: _____ Apart No _____ Building No _____ Suite No _____

Property Street Name: _____ Block No. _____ Sub Unit _____ Parcel or Lot _____

Number of Separate Structures At Property _____ Property Use: (circle one) R attached or R detached _____

*2 Copies of Legal Lot of Record are required. These document may be found at the County Clerks (corner Palace and Grant) or at the City Plat Room (Basement of City Hall) Residence, Condominiums/ Apartments need both legal lot of record and site plan with affidavit.

Improvement Type: (Circle One) Single Family Residential, Guest House, Commercial, Vacant, Subdivision, Condominiums / Apartments

Located in Historic District: ☐ Yes ☐ No If Yes, Name of District: _____

Located in Escarpment District: ☐ Yes ☐ No If Yes, Name of District: _____

Located in Mountainous & Difficult Terrain Area: ☐ yes ☐ no

City Councilor District: _____ Census District No: _____ Zoning: _____ Zip Code _____

Space Below for City Staff Use Only

Assigned St. Address _____

Bldg. No. _____ Delivery Staff: _____

Date Address Assigned: _____ Assigning Staff _____

Date Address to H T E.: _____ Assigning Staff _____

Date Address to City GIS.: _____ Delivery Staff _____

Date Address to RECC(911): _____ Delivery Staff _____

Date Address to County _____ Delivery Staff _____

Date Address to P O.: _____ Delivery Staff _____

Submit to: Marisa L. Struck, Planner Tech. Senior-Office: 955-6661

Fax: 955-6829 mlstruck@santafenm.gov

Incomplete Request Forms Will DELAY City Response.